STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G444	A. BUILDING 00 B. WING	07/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEVELOPMENTAL SERVICE ALTERNATIVES INC	902 N MUESSING RD INDIANAPOLIS, IN 46229

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W000000	This visit was for an annual fundamental recertification and state licensure survey. Dates of Survey: 7/29/13 and 7/30/13 Facility Number: 000958 Provider Number: 15G444 AIMS Number: 100235520 Surveyor: Keith Briner, QIDP These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/6/13 by Ruth Shackelford, QIDP.	W000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W000323	483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure client #2 had an annual vision examination. Findings include: Client #2's record was reviewed on 7/30/13 at 10:50 AM. Client #2's Physicians Orders (POs) dated 6/24/13 indicated client #2's diagnosis included, but was not limited to, DM (Diabetes Mellitus). Client #2's record did not indicate documentation of an annual vision examination. RN #1 (Registered Nurse) was interviewed on 7/30/13 at 12:05 PM. RN #1 indicated client #2 was diabetic and should have her vision assessed annually. RN #1 indicated there was no additional documentation regarding a vision assessment/examination for client #2. 9-3-6(a)	W000323	The program nurse will be responsible for maintaining an appointment tracking sheet. This tracking sheet will include the client name, type of appointment and the due date for the next appointment. The Residential Director and the Residential Coordinator will be responsible for ensuring that the medical appointments are attended. The vision appointment was completed on 8/2/13 with follow up due in one year. See attached documentation. Persons responsible: Residential Director, Residential Coordinator, Program Nurse	08/18/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W000440	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 3 additional clients (#5, #6 and #7), the facility failed to conduct evacuation drills for each quarter on each shift. Findings include: The facility's evacuation drill record was reviewed on 7/30/13 at 11:01 AM. The review indicated the facility failed to conduct an evacuation drill for 7 of 7 clients (#1, #2, #3, #4, #5, #6 and #7) for the first quarter, January through March 2013 for the 6:00 AM through 3:00 PM and 3:00 PM through 11:00 PM shifts. RD (Residential Director) #1 was interviewed on 7/30/13 at 11:50 AM. RD #1 indicated there were no additional evacuation drills available for review. 9-3-7(a)	W000440	Staff will be in-serviced on completing drills in compliance with regulations. The Residential Director will be responsible to schedule specific staff to complete drills at a frequency which is compliant with regulations. This schedule will be placed in the site. The drills and schedule will be monitored by the Residential Director and Area Director to assure compliance.Persons Responsible: Area Director and Residential Director	08/29/2013